

RENEWAL APPLICATION INFORMATION**LATE AFTER: last day of birth month**

Postmark your renewal by your expiration date to avoid a late fee. Allow 4 to 5 weeks for processing from the day you mail it.

Your certificate will expire on the last day of your birth month. Please remit the \$45.00 renewal fee, renewal form, and proof of continuing education (CE). Use the payment coupon address below. This coupon is valid only if your payment is postmarked on or before your expiration date. Make check or money order payable to: TDH/Respiratory Care Program.

The \$30.00 continuing education fee starts with the January 2002 renewals.

You will need to submit a \$30.00 additional fee for a continuing education extension, if you do not have 12 hours of CE at time of renewal. See attached CE Extension Report Form.

If payment is postmarked after your birth month up to 90 days late submit \$67.50. More than 90 days late but less than ONE year late submit \$90.00 plus a completed late renewal form and proof of 12 hours of continuing education completed within the 12 months prior to the date you apply for late renewal. If your certificate has been expired ONE year or more, you must reapply and meet the then current application requirements, and pay the new application fee.

If you are mailing your renewal after the expiration date (last day of your birth month) and you have practiced respiratory care in the State of Texas: you **MUST** submit written documentation indicating how you are complying with the Respiratory Care Practitioners Certification Act, in other words, proof that you are legally practicing respiratory care in Texas.

If you had a name change, submit a notarized copy of a marriage certificate, court decree, or social security card showing the new name, according to Section 123.11 of the rules. If you want a new wall certificate with the new name, submit an additional \$20.00

Active practice as an RCP is NOT required for renewal. An RCP not actively practicing respiratory care may request an inactive status application (see on our webpage), or may submit the regular renewal. The completed application must be submitted before the expiration of the certificate.

Detach and return the payment coupon below. Coupon is valid only if renewal is mailed prior to the expiration date.

PAYMENT COUPON

TEXAS DEPARTMENT OF HEALTH

Coupons Must Be Returned With Payment

Receipt Of Payment And Coupon Does Not Constitute Acceptance Of Licensure

BUDGET: # ZZ013

FUND: #127

NAME _____
RETURN

YOU MUST

ID # _____
PAYMENT;THIS COUPON WITH
YOURAMOUNT ENCLOSED _____
ALL FEES ARE NONREFUNDABLERENEWAL FORM &
CE EXTENSION FORM

PLEASE RETURN TO:

TDH/RESPIRATORY CARE PRACTITIONERS
P. O. BOX 12197
CAPITOL STATION
AUSTIN, TEXAS 78711-2197

Texas Department of Health
Respiratory Care Practitioner Certification
(512) 834-6632
Fax # (512) 834-4518

Budget #:ZZ013
FUND # 127

RENEWAL/LATE RENEWAL APPLICATION

1. Return this portion with your fee of \$45.00. Do not send cash. IF THIS FORM IS INCOMPLETE IT WILL BE RETURNED AND RENEWAL CARDS WILL NOT BE ISSUED.

If payment is postmarked after your birth month up to 90 days late submit \$67.50. More than 90 days late but less than ONE year late submit \$90.00 plus a completed late renewal form and proof of 12 hours of continuing education completed within the 12 months prior to the date you apply for late renewal. If your certificate has been expired ONE year or more, you must reapply and meet the then current application requirements, and pay the new application fee.

2. NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

SOCIAL SECURITY NUMBER (required) _____

3. Are you actively practicing Respiratory Care? YES _____ NO _____ Primary Place of Employment: (Update if incorrect; active practice is not required to renew.)

NAME OF PRACTICE: (put N/A if not employed in Resp Care): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

4. Have you pled nolo contendere, received deferred adjudication or been convicted of a crime, other than a minor traffic violation, in the last 12 months or since your last renewal? (D.W.I. is NOT a minor traffic violation.) If yes, attach copy of charges and disposition papers. ☐ YES ☐ NO

5. Check your status with the National Board for Respiratory Care, Inc., (NBRC), including date credentialed or registered & registry number. If not credentialed or registered by the NBRC indicate N/A.

___ CRTT Date issued _____ ___ RRT Date issued _____

6. THIS SECTION MUST BE COMPLETED IF CURRENTLY EMPLOYED IN RESPIRATORY CARE IN TEXAS.

Medical Director's Name _____ License # _____

Medical Director's Address: _____

Medical Director's Signature _____

7. **This form must be completed, signed and dated with the current date.**

I declare that all data on this form and the enclosed continuing education documentation are accurate and true to the best of my knowledge. Providing false information is punishable by a state jail felony.

Signature of Renewal Applicant

Date

Continuing Education Report Form

PLEASE READ CAREFULLY

Name: _____

Social Security number: _____

Please check one and **return this form** with your renewal/late renewal application

1. _____ I am submitting documentation of 12.00 CE hours. (If you are applying for late renewal you **MUST** submit all 12 hours of continuing education completed within the 12 months prior to the date you apply for late renewal).

2. _____ I am submitting an additional fee of \$30.00 for a continuing education extension. I understand that I must return this form along with a \$30.00 continuing education extension fee; a completed renewal form & \$45.00 renewal fee. I have read and agree to comply with the following rules regarding CE extensions (If you are applying for a late renewal you **MUST** submit all 12 hours of continuing education completed within the 12 months prior to the date you apply for late renewal).

- (A) After we receive the \$30.00 CE extension fee; \$45.00 renewal fee; completed renewal form and continuing education report form a 90 day extension will be granted. No additional extension period will be granted. NO exceptions.
- (B) The extension period is borrowed from the next reporting period.
- (C) CE must be submitted by the end of the extension period. Otherwise, my certificate will expire on the last day of the extension. I will make a copy of this form to use in submitting CE hours obtained during the extension & send to TDH at the address or fax # below.
- (D) If an excess number of credits are earned during an extension, the excess will be credited toward the new reporting period.
- (E) If I think an error has been made, I agree to contact TDH **BEFORE** the extension expires. I understand TDH will not accept additional hours if the extension has already expired.

Texas Department of Health
Respiratory Care Practitioners Certification Program
1100 West 49th Street
Austin, Texas 78756-3183
Phone #512/834-6632
Fax #512/834-4518 – Attn: Respiratory Care Program

For more information about CE, refer to Section 123.10 of the rules.

RETURN THIS FORM WITH YOUR RENEWAL FORM AND FEE